

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 0 — 0 5

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

04-01-00

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1915(g)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 37

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ \_\_\_\_\_  
b. FFY 2001 \$ \_\_\_\_\_9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same page, new 08-01-97, TN#97-11

10. SUBJECT OF AMENDMENT:

Revision of payment methodology of Targeted Case Management for Children under 18 in  
temporary custody or supervision of Office of Juvenile Affairs.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

5-15-00

16. RETURN TO:

Oklahoma Health Care Authority  
Attn: Billie Wright  
4545 N. Lincoln, Suite 124  
Oklahoma City, OK 73105**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

May 17, 2000

18. DATE APPROVED:

June 6, 2001

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Sandra Hall

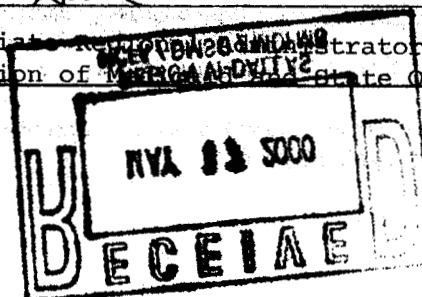
21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

c: Mike Fogarty  
Jim Hancock  
Billie Wright

State: OKLAHOMA

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE**

Case Management Services for children in temporary custody or supervision of the Office of Juvenile Affairs, who are placed in own home or out-of-home care, or at risk of coming into the custody or supervision of the Office of Juvenile Affairs

The initial cost base is estimated in accordance with the Office of Juvenile Affairs cost allocation plan which uses a random moment time study (RMTS) to prorate the Juvenile Services Unit costs to various program activities. The cost base will consist of the annualized cost of Targeted Case Management (TCM) activities as identified by the RMTS and will include all allocable overhead and indirect costs. The estimated number of billable units will be current population known to be receiving case management services multiplied by 12 to obtain the annual number of monthly units. A first year interim rate will be computed by dividing the annualized cost base by the annualized billable units. Each year the interim rate will be settled based on actual costs with the appropriate disposition of any overpayment or underpayment. The interim rate will be determined using total allowable costs divided by total units.

Effective January 1, 2001, a prospective rate will be established based on FY-2001 estimated costs from the Cost Allocation Plan divided by estimated number of TCM units

Payment will be made on the basis of claims submitted for payment. The provider will bill at the monthly unit rate for each documented unit of Medicaid TCM service provided to each medicaid eligible recipient during the calendar month. A maximum of one unit of TCM per month can be billed for each Medicaid eligible recipient. The units of Medicaid TCM services provided will be documented by the case manager.

04-01-00

TN# 00-05 Approval Date 06-06-01 Effective Date 04-01-00  
Supersedes  
TN# 97-11

STATE <u>Oklahoma</u>	A
DATE REC'D <u>05-17-2000</u>	
DATE APP'D <u>06-06-2001</u>	
DATE EFF <u>04-01-2000</u>	
HCFA 179 <u>016-00-05</u>	